

Explosives Handling Review, Stability Review, and Shipping Data Form

Requester_____		Explosive ID and LLNL Lot #_____	
Manufacturer_____			
Manufacturer's designation_____			
DOT reference number_____			
IHC (if applicable) and expiration date_____			
Composition or chemical name_____			
Date manufactured_____		Date received at LLNL_____	
Explosive components and their handling and/or stability review dates_____			
Physical state: (solid/liquid, m.p., b.p., etc.)_____			
Stability:	Color_____		
	Mfg.'s recommended shelf life_____		
	DSC exotherms (attach curves)_____		
	Chem. Reactivity Test (CRT)_____cm ³ /g@_____°C for_____hr.		
Sensitivity:	Impact, 2.5 kg_____		Type 12_____Type 12B_____
	Sample_____		
	Control_____		
	Spark_____		
	Friction_____		
	Other_____		
	Precautions:	Toxicity_____	
Compatibility_____			
Protective equipment_____			
Other_____			
UNO Hazard Class/Division_____		SC/HC Group_____	
ASSIGNED HANDLING REVIEW DATE_____			
ASSIGNED STABILITY REVIEW DATE_____			
Approved: (Explosives Safety Committee peer review)		Hazards Control Explosives Safety Group	
Date		Date	
1. _____		_____	
2. _____		_____	
3. _____		_____	
Distribute copies to:			
• Bldg. 827, Site 300		• Energetic Materials Section	
• Hazards Control Explosives Safety		• Consignor	
• Site 300 Controlled Materials Group			

January 7, 1997